

# Bascom's operation for pilonidal sinus

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## SUMMARY

During 1985 in England and Wales, 7000 patients were treated for pilonidal disease with an average hospital stay of 5 days<sup>1</sup>. The aim of this paper is to report our early experience with Bascom's operation for pilonidal sinus<sup>2,3</sup>—a procedure relatively untried in the UK.

## METHOD

A retrospective review was performed of all patients submitted to Bascom's operation for acute or chronic pilonidal disease between September 1991 and September 1993. Age, sex, previous history of pilonidal disease, hospital stay, bacteriology, duration and type of healing, and recurrence rates were recorded for each patient. Follow-up was by case note, postal or telephone review.

### Bascom's operation<sup>4</sup>

Under a general anaesthetic the patient was placed in the prone position, the natal cleft shaved and intravenous prophylactic antibiotics (co-amoxiclav) administered at the surgeon's discretion. Sinuses were opened through an incision 2 cm lateral and parallel to the natal cleft. Bacteriology swabs were taken and sinus cavities allowed to drain freely through the lateral incision (Figure 1a). Midline pilonidal pits were excised by small diamond-shaped incisions and a buttress of fat constructed to support healing of the midline wound (Figure 1b). Midline wounds were closed with a subcuticular suture and lateral wounds permitted to heal by granulation. Daily dressings were provided in the community with a weekly review of wounds and depilation of the natal cleft.

## RESULTS

Bascom's operation was performed on 29 men and 12 women (mean age 25 years, range 17–50 years) with a mean follow-up of 10.6 months. There were 23 chronic sinuses, 18 acute abscesses and previous surgery had failed in nine (22%) patients—in seven patients after one operation and in one patient each after two and three operations. Four patients with acute disease were lost to follow up.

A median hospital stay of 2 days (the equivalent of an overnight stay, range 1–6 days) included 9 day cases. Bacteriology was performed in 21 cases. Bacteroides was isolated in 12, five grew a mixture of Gram-negative organisms, streptococci and staphylococci and four were sterile.

Primary healing of midline wounds occurred in 28 patients (68%). Lateral incisions healed at a mean (SD) of 39 (14) days (range 21–148 days). Midline wounds healed by granulation in eight of 23 chronic cases and one of 18 acute abscesses at a mean of 60 (39) days (one still unhealed). Actual healing times are slightly quicker because the last clinical visit was used to calculate these figures and wounds would actually have healed between visits. Only three (7.3%) patients have required further surgery for recurrent disease over the study period.

## DISCUSSION

We have shown that Bascom's operation is an effective treatment for acute and chronic pilonidal disease. It may be performed as a day case or overnight stay and results in minimal morbidity for the patient and a low early recurrence rate.

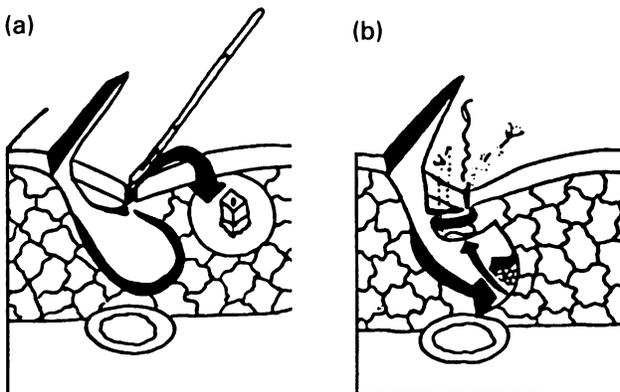


Figure 1 (a) Excision of midline pits with drainage through an incision placed lateral to the natal cleft. (b) Support of the midline wound using a fat buttress

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Preservation of tissue, a lateral relaxing incision and a fat buttress reduce midline tension and encourage primary healing which occurred in 68% of our patients. In the small proportion of wounds which break down, morbidity is minimal because only tiny sections of tissue are excised from the midline. Support of the midline wound using a fat buttress was not universally employed in this series but its wider application may have increased the rate of primary healing. The lateral incision, because it is situated away from the midline, rarely presents problems of wound healing.

Recurrences requiring further surgery only occurred in three patients (7.3%). Residual midline pits were left in two patients following inadequate primary surgery. Simple drainage of an acute pilonidal abscess by leaving the midline pits can lead to a recurrence rate of 40%<sup>5</sup>. Bascom emphasizes the importance of removing all pits from the midline whether in acute or chronic disease to reduce the risks of recurrence. Review in clinic and depilation of the natal cleft are essential to ensure that hair does not accumulate and penetrate healing wounds<sup>6</sup>.

A broad spectrum antibiotic with activity against anaerobes was used as prophylaxis, at the discretion of the operating surgeon. As this is a retrospective study no antibiotic protocol was in force. Organisms were isolated in 81% of cultures, with bacteroides predominant. If prophylaxis is being considered (which it probably should), it should include an agent active against anaerobes<sup>7,8</sup>.

The elimination of tissue tension and the complete excision of diseased tissue are surgical principles not always

reflected in other operations recommended for pilonidal disease. Our recurrence rates are acceptably low although we have encountered some problems with midline wound healing not reported by Bascom. By reviewing our practice we have identified fat buttressing and excision of midline pits as technical areas which could be improved. Although our experience is still limited and longer follow-up is necessary, we are encouraged by our low early recurrence rate and intend to continue with this technique which we are sure has a place in the management of pilonidal disease.

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